Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public Inspection

Comparison Section SETION DC 20006		A I	or the a	uuz calendar year, or tax year period deginningand eand e	naing		
Comparison Com			Check if	Please C Name of organization		D Employer	Identification number
Number and street (or P O Door IT mails not deterved to Street address) Reconscioute C 1/47 PENNSYLVANTA AVENUE, N.W. 1000 C 1/20 785 95 00			Addres	Habelor TAMES MANTSON CENTED FOR FORE COFFCE	ī	23_7	1442564
See 1747 PRINISTLYANITA AVENUE, N.W. 1000 (202)785-9500 72006 7200		\vdash	Name		 		
The content of the		\vdash	Initial	See Notificer and Street (of P.O. Dox it itialis not delivered to street address)			
Section 507 (Gil) Expension Section 507 companizations and 497(a)(1) more semple charitable trusts H and I are not applicable to section 527 companizations was attach a completed Schedule A (Form 990 or 990-EZ) H(1) is this a group ratum for artificials Yes LX		\vdash	Final	Instruc			
Appendix Section 501(c)(3) organization and 4947(a)(1) neasempt tabritable trusts must attach a completed Schedule A (Form 990 or 990-c)		\vdash	Amend	The state of the s			
Meb site Min			Applica	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	H and I are not app		
G Web sile NY/A 1 1 1 1 1 1 1 1 1				must attach a completed Schedule A (Form 990 or 990-EZ)	1		
Check here if the organization's griss ecopits are commally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without familiared data Some states require a complete return Mr. Check Image: Application covered by a group mining? Yes X		G 1	Neb site	▶N/A	1 ' '		
New Note Part Par							N/A Yes No
organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without filenace data Same states require a compiled return in the mail, it should file a return without filenace data Same states require a compiled return in the mail, it should file a return without filenace data Same states require a compiled return in the mail it should file a return without filenace states and some states require a compiled return in the mail it should file a return without filenace states and some states require a compiled return in the contributions, grints, grants and similar amounts received a contract public support in the contributions, grints, grants and similar amounts received a contract public support in the contributions (grants) in direct public support in the contributions in the contri		K	Check h	re 🕨 🗔 if the organization's gross receipts are normally not more than \$25,000. The			hy an or-
Cordon receipts Add lines 6b, 8b, 9b, and 10b to line 12 240, 434. M Check If the organization is not required to at Sch 8 (Form 990, 990-67 or 990-P7)							
1 1 1 1 1 1 1 1 1 1			n the m	il, it should file a return without financial data. Some states require a complete return	I Enter 4-digit GE	N 🟲	· · · · ·
Part							
1 198,764				<u> </u>		90, 990-EZ o	r 990-PF)
a Direct public support 1a		P	1	•	inces		
Display Disp			1	1	l 1007	CA	
C Covernment contributions (grants) 1c 1 1 198,76 1 1 198,76 1 1 1 198,76 2 1 1 1 1 1 1 1 1 1			a		198,/	04.	
d Total (add lines 1a Intrough 1c) (cash \$ 198,764 - noncash \$) 1d 198,76 2 Program service revenue including government fees and contracts (from Part VII line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents b Less rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (doscribe ▶) 7 8 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (commo line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) 10 Special events and activities (attach schedule) 10 Sees givenue (not including \$ 0 • of contributions replications of the sees givenue (not including \$ 0 • of contributions replications) of the sees givenue (not including \$ 0 • of contributions replications) of the sees givenue (not including \$ 0 • of contributions replications) of the seed of th	ලන		0				
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3 Membership dues and assessments 3 4 4 4 5 5 5 5 5 5 5	~			• • • • • • • • • • • • • • • • • • • •		·	190,704.
Dividends and interest from securities 5 Dividends and interest from securities 6 a Gross rents Securities Secur	73						
5 Dividends and interest from securities 6 a Gross rents 6 b Less rental expenses c Not rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe	<u>5.3</u>		ł	·			_
b Less rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe) 7 Other investment income (describe) 8 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activutes (attach schedule) b Less clied further pair than fundraising expenses b Less clied further pair than fundraising expenses Net income or (loss) from special events (subtract line 9b from line 9a) b Less clied further pair than fundraising expenses Net income or (loss) from special events (subtract line 9b from line 9a) b Less clied further pair than fundraising expenses Net income or (loss) from special events (subtract line 9b from line 9a) b Less clied further pair than fundraising expenses lide lide lide lide lide lide lide lide							
than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) The other part of the part of	\cap		6 a	Gross rents 6a			
than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) The other part of the part of	Щ		b	Less rental expenses 6b			
than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) The other part of the part of	5		C	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) The other part of the part of	A	ø	7	Other investment income (describe) 7	
than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) The other part of the part of	9		8 a	Gross amount from sale of assets other (A) Securities	(B) Other		
b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) 10 Gress revenue (not including \$	·	چ					
A Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) a cross revenue (not including \$		_	b				
9 Special events and activities (attach schedule) a cross revenue (not including \$			°		<u> </u>	— .	
The second of th						80	
reposition in the properties of the properties o			· -				
b Less offer Super Firm fundraising expenses Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 1 9c 1,199 10 a Gras Rales of inventory. Is statums and allowances 10 a 10 b			<i> </i>	render tracing the traction of the continuous services and the continuous services are the continuous services and the continuous services are	41.6	70.	
Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 1 GOSS Fales of inventory. Is a furns and allowances Less cost of good food C Office profit or (loss) from takes of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 Statistyshing (from Pair VI) line 103) 12 Total revenue-(add,lines 16, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 21 8, 224			/	i ass direct hydretics when the hundraising expenses			
10 a 10 a 10 a 10 a 10 b			/8/	Net income or (loss) from special events (subtract line 9b from line 9a) SEE		- '	1,198.
10b 10c 10c 10c 10c 10c 10c 11c 10c 11c			188				
11 Sthar-string (fram Part Willine 103) 12 199, 962 12 199, 963 13 195, 795 14 15 15 16 17 16 17 17 18 18 18 19 19 19 19 19			1 4	Less cost of goods void 6			
12 Total revenue (add_lines 16, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 199, 962 13 195, 799 14 Management and general (from line 44, column (C)) 14 1, 139 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 196, 933 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 3, 029 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 5, 195 19 19 19 19 19 19 19		Į.	_ (Prose profit or (loss) from tales of inventory (attach schedule) (subtract line 10b from line	10a)	10c	
Program services (from line 44, column (B)) 13 195, 799 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 24 8, 224			11	Charles (Iron Part Af line 103)		11	
Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 24 8, 224			12	Total revenue (add.lines 14, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<u></u>	12	199,962.
17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 22 8, 224		s	13	• • • • • • • • • • • • • • • • • • • •			
17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 22 8, 224		nse		•			1,138.
17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 22 8, 224		ĝ					
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 21 8, 224		ũ		•			106 922
Net assets or fund balances at beginning of year (from line 73, column (A)) 19						<u> </u>	
21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 21 8, 224		Ť;	19				5,195.
21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 21 8, 224		558	20				
		⋖					8,224.
		2230 01 2		•	•		Form 990 (2002)

			in (A) Columns (B), (C), and (a)(1) nonexempt charitable		
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	0.9	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$noncash \$	22				
23 Specific assistance to individuals (attach schedule)	23			,	•
24 Benefits paid to or for members (attach schedule)	24			* ***	
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28		_		
29 Payroll taxes	29			-	
30 Professional fundraising fees	30				
31 Accounting fees	31	575.		575.	_
32 Legal fees	32	188,764.	188,764.		
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Оссирансу	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	1,319.	1,319.		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize)					
	43a	1,662.	1,662.		
	43b	2,000.	2,000.	· -· -	
	43c	2,050.	2,050.		
	43d	408.		408.	
BANK CHARGES	43e	155.		155.	 .
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	196,933.	195,795.	1,138.	0.
Joint Costs Check 🕨 📖 if you are following SOP 98-				. –	
Are any joint costs from a combined educational campaig		_			Yes 🗓 No
If "Yes," enter (I) the aggregate amount of these joint cost	s \$				·
(Iti) the amount allocated to Management and general \$			(iv) the amount allocated to	Fundraising \$	
Part III Statement of Program Service	е А	ccomplishments			
What is the organization's primary exempt purpose?	_	TAUMA OR BDB		~	Brosser Canusa
TO PROMOTE AND DEFEND THE All organizations must describe their exempt purpose achievements					Program Service Expenses
achievements that are not measurable. (Section 501(c)(3) and (4) org					(Required for 501(c)(3) and (4) orgs and 4947(a)(1)
ellocations to others)	<u> </u>	TUTMING NOD	THE DIGHT OF	EDEEDON OF	trusts but optional for others)
a ENGAGE IN EDUCATIONAL A					
SPEECH AND FREEDOM OF A REPRESENTATION TO THOSE					
THREATENED BY GOVERNMEN				E RIGHTS ARE	195,795.
	1 .	ACTION. (Grants and allocations \$	0.)	193,193.
b			. .		
				<u> </u>	
			Grants and allocations \$	}	
c		•			
			•••		
			Frante and allocations €	1	
d			Grants and allocations \$		 -
			· · · · · · · · · · · · · · · · · · ·		
		10	Grants and allocations \$	1	
Other program services (attach schedule)			Grants and allocations \$	1	
f Total of Program Service Expenses (should equal in	18 44	·		•	195,795.

Part IV Balance Sheets

Note		re required, attached schedules and amounts ild be for end-of-year amounts only	within the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		5,195.	45	8,224.
	46	Savings and temporary cash investments	ļ-		46	0,224.
	''-		<u> </u>	-	1	
	47 a	Accounts receivable	_47a		`	
	b	Less allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		49		
	50	Receivables from officers, directors, trustees,				
şt	51 a	and key employees Other notes and loans receivable	51a		50	
Assets	h	Less allowance for doubtful accounts	51b		51c	
⋖	52	Inventories for sale or use	[0.0]		52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities	Cost FMV		54	
	55 a	Investments - land, buildings, and	[
		equipment basis	55a			
	b	Less accumulated depreciation	55b		55c	 .
	56	Investments - other	1		56	
	ĺ	Land, buildings, and equipment basis	57a		/	
	58	Less accumulated depreciation Other assets (describe ▶	57b		57c	 -
	30	Other assets (describe		·	58	 -
	59	Total assets (add lines 45 through 58) (must equa	5,195.	59	8,224.	
	60	Accounts payable and accrued expenses		0 / 2000	50	0/2210
	61	Grants payable	[61	
	62	Deferred revenue			62	
Ě	63	Loans from officers, directors, trustees, and key en	nployees		63	
Lrabilities		Tax-exempt bond liabilities			64a	
ן בֿ		Mortgages and other notes payable	-		64b	_
	65	Other liabilities (describe			65	
	66	Total liabilities (add lines 60 through 65)		0.	66	0.
		nizations that follow SFAS 117, check here	and complete lines 67 through		- 50	
	-	69 and lines 73 and 74				
ces	67	Unrestricted			67	
ia l	68	Temporarily restricted		68	·	
9	69	Permanently restricted			69	
š	Organ	nizations that do not follow SFAS 117, check here i	X and complete lines		٠.	
P		70 through 74				•
Net Assets or Fund Balances	70	Capital stock trust principal or current funds	.	0.	70	0.
\SSI	71 72	Paid-in or capital surplus, or land, building, and equ	· —	0. 5,195.	71	8,224.
et /	72 73	Retained earnings, endowment, accumulated incom		3,193.	72	0,224.
Z	10	Total net assets or fund balances (add lines 67 this column (A) must equal line 19, column (B) must equal line 19.	· · · · · · · · · · · · · · · · · · ·	5,195.	73	8.224
	74	Total liabilities and net assets / fund balances (ad	·	5,195.	74	8,224. 8,224.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

PE	Financial Statements with Return		Part IV-B	Recond Financi Return	al Statements	enses with	per A Expen	udited ses per	
a	Total revenue, gains, and other support	a N/A	audited fi	enses and lo	rments	>	а	N/A	
b	Amounts included on line a but not on line 12, Form 990	•	b Amounts line 17, F (1) Donated	orm 990	i line a but not on			, v	٠,
(1)	Net unrealized gains	,	1	of facilities	\$				
	on investments \$		(2) Prior year	•	is	ŀ			
(2)	Donated services		1 '	on line 20,	_				
(2)	and use of facilities \$		Form 990		2			•	`
(3)	Recoveries of prior		(3) Losses re	-	_	ŀ			
(4)	year grants \$	1	line 20, Fo		-			4	`.'.
(4)	Other (specify)		(4) Other (sp	secily))		() ·	,
	Add amounts on lines (1) through (4)	, b	Add amos	unte en line			ь		,
c	Line a minus line b		7	inus line b	s (1) timosym (4)	h	c -		
ч	Amounts included on line 12, Form		1	-	line 17, Form			50°	3
u	990 but not on line a	3		not on line a	mie ir, romi			· ·	
(1)	Investment expenses		(1) Investme	nt expenses					
	not included on		not includ						٠.
	line 6b, Form 990 \$	45	line 6b, Fo		\$. [3,	
(2)	Other (specify)		(2) Other (sp	ecify)					
_	\$\$				\$.		
	Add amounts on lines (1) and (2)		1		(1) and (2)	>	<u>d</u>	 	
е	Total revenue per line 12, Form 990		1	·-	ie 17, Form 990		ļ		
De	(line c plus line d) Presented Prese	ustoss and Kay I	(line c plu		a ouen it not compar	Pated)	e		
Fe	Elst of Officers, Directors, 11	ustees, and Key I	(R) Title and ave	rage hours	(C) Compensation	(D)Contri	huttons to	(E) Expe	100
	(A) Name and address		per week dev	voted to	(C) Compensation (Il not paid, enter	plans &	e benefit deferred nsation	account a	and
BE	TSY DEVOS		TRUSTEE			3350	- I Julion		
$\bar{1}\bar{2}$	6 OTTAWA, NW, SUITE 600					l			
	AND RAPIDS, MI 49503		2		0.	ŀ	0.		0.
DA	VID NORCROSS		TRUSTEE						
11	56 15TH ST., NW, SUITE!	550							
WA	SHINGTON, DC 20005		2		0.		0.		0.
						į			
								_	
			Ì			})		
			<u></u>			_			
			ĺ		:				
	_								
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_		 					 †	<u> </u>	
			 -	-			+	<u> </u>	
 75	Did any officer, director, trustee, or key employee rece	elve aggregate compensati	on of more than \$	100 000 fro	m your organization	and all rel	ated		

JAMES MADISON CENTER FOR FREE SPEECH

23-7442564

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JAMES MADISON CENTER FOR FREE SPEECH

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Part VII Analysis of Income-	1 11.				
Note Enter gross amounts unless otherw	/ise (A)	nrelated business income		ided by section 512 513 or 514	(E)
Indicated	Busine	(2)	(C) Exclu	(D)	Related or exempt
93 Program service revenue	code		sion	Amount	function income
a					
b	i				-
 					
c	ſ		 		
d	——— ——	· · · · · · · · · · · · · · · · · · ·			<u> </u>
e		+	-	-	· · · · · · · · · · · · · · · · · · ·
f Medicare/Medicaid payments	<u> </u>		-		
g Fees and contracts from government age	ncies	"			
94 Membership dues and assessments			ļ		
95 Interest on savings and temporary cash in	nvestments				
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estat	te				Ü
a debt-financed property					
b not debt-financed property					1
98 Net rental income or (loss) from personal	property				
99 Other investment income	` ` `				
100 Gain or (loss) from sales of assets					
other than inventory					
·			01	1,198.	
101 Net income or (loss) from special events	<u> </u>	-	01	1,150.	
102 Gross profit or (loss) from sales of invent	.ury			-	
103 Other revenue					
a	 		 		
D					
c			ļ		
d			<u> </u>		
e			ļ		
104 Subtotal (add columns (B), (D), and (E))	<u></u>	0.	<u> </u>	1,198.	0.
105 Total (add line 104, columns (B), (D), and	j (E))			•	1,198.
Note Line 105 plus line 1d, Part I, should	equal the amount on li	ne 12, Part I			
Part VIII Relationship of Activ	ities to the Accor	nplishment of Exemp	t Pu	rposes (See page 32 of the	instructions)
Line No Explain how each activity for which	ch income is reported in co	olumn (E) of Part VII contributed	i impor	tantly to the accomplishment	of the organization's
exempt purposes (other than by p	providing funds for such p	urposes)			
	-				
	•		•		
Part IX Information Regarding	ng Taxable Subsid	dianes and Disregard	ed Er	ntities (See page 32 of the	instructions)
(A)	(B)	(C)		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities		Total income	End-of-year assets
partite iship, or disregarded entity	%				2550(5
N/A	%				<u>.</u>
N/A					
	%		-		<u> </u>
Plana W. Jandan and P. C.	% T1 1	and all sold D	D -	-54 O 4 10	00 -64%
Part X Information Regarding				***************************************	
(a) Did the organization during the year, rec	•	• • •			Yes X No
(b) Did the organization, during the year, pay		• • •	ntract?	•	Yes X No
Note If "Yes" to (b), file Form 8870 and	Form 4720 (see instruc				
		ccompanying schedules and information of which prepare	stateme r þes an	ints, and to the best of my knowled y knowledge.	ge and belief it is true,
		4/22/03	(X)	ral Curil	
		ate Ty	pe or p	orint name and title	
		Dat	e	Check if	Preparer's SSN or PTIN

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the	organization			Employer identif	lication number
	JAMES MADISON CENTER FOR	FREE SPEECH		23 7442	
Part I	Compensation of the Five Highest Paid Employ (See page 1 of the instructions. List each one if there are none enter		icers, Dırecto	ers, and Trus	tees
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deterred compensation	(e) Expense account and other allowances
NONE_					

					-
	-				
Total number	r of other employees paid				<u> </u>
Part II	Compensation of the Five Highest Paid Indepe	0 ndent Contractors fo	or Profession	al Services	· · ·
	(See page 2 of the instructions List each one (whether individuals or fi			-	
	(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of s	service	(c) Compensation
NONE_					
					
-					
	22222				<u></u>
	of others receiving over	0			<u>-</u>

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Schedule A (Form 990 or 990-EZ) 2002 JAMES MADISON CENTER FOR FREE SPEECH 23-	744256	54 I	age 2
Part III Statements About Activities (See page 2 of the instructions)		Yes	No
During the year has the organization attempted to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	A, 1		х
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities 2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
attach a detailed statement explaining the transactions) a Sale, exchange, or leasing of property?	2a_		X
b Lending of money or other extension of credit?	<u>2b</u>		х
c Furnishing of goods, services, or facilities?	20		Х
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_2d		Х
B Transfer of any part of its income or assets?	28		Х
Opes the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) Do you have a section 403(b) annuity plan for your employees?	3	<u> </u>	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its chantable programs "qualify" to receive payments		!	,,
Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)			
The organization is not a private foundation because it is (Please check only ONE applicable box)			
5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
A school Section 170(b)(1)(A)(II) (Also complete Part V)			
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)			
8 A Federal state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city and state	·•		
An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A (Also complete the Support Schedule in Part IV-A))(IV)		
An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedute in Part IV-A)			
11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire	4		
by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	•		
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations d (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3)			
Provide the following information about the supported organizations (See page 5 of the instructions)			
(a) Name(s) of supported organization(s)		e numb	
	<u> </u>		·
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

I Total support for section 509(a)(2) test. Enter amount on line 23, column (e)

Public support percentage (line 27e (numerator) divided by line 27f (denominator))

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Public support percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

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Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Investment income perc

and line 27b total

your return Do not include these grants in line 15 223121 01 22-03

d Add Line 27a total

Public support (line 27c total minus line 27d total)

N/A N/A

27c

274

27e

Pa	Private School Questionnaire (See page 7 of the instructions)	N/	A	<u> </u>
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing			
	instrument, or in a resolution of its governing body?	29	-	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	۰	1	,
34	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			i
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	31		ĺ
	to all parts of the general community it serves? If "Yes" please describe, if "No," please explain (if you need more space, attach a separate statement)	31	\vdash	
	11 165 piedse describe, il 140, piedse explain (il you need indie space, attach a separate statement)			İ
				[
				د
32	Does the organization maintain the following			i
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<u>32b</u>		
C				
	admissions, programs, and scholarships?	32c		
đ		32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	/		
		— 3		,
22	Describe examplestion discomments by race in any way with respect to			,
33	Does the organization discriminate by race in any way with respect to	33a		
a		33b		
	and the state of t	33c		
d		33d		
e		33e		
í	and the second s	331		
•		330		
h	• •	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	30		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		$\square \mid_{\omega_{i}} \mid$		
		_ `		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			
	1975-2 C.R. 587, covering racial pondiscrimination? If "No." attach an explanation	25		

Schedule A (Form 990 or 990-EZ) 2002

23-7442564

Page 5

	ed ONLY by an eligible organiz	zation that filed Form 5768)						N/A
Check 🕨 a 💹 if the organiz	ation belongs to an affiliated g	roup Check	. Р 🗀 ц	you che	cked "a"		control*	provisions apply
	imits on Lobbying Ex				Aí	(a) ffiliated group totals		(b) To be completed for ALL electing organizations
(1119 (21	in exhauditores means amon	ints paid of incurred)		1		N/A		
26. Total labbuna ayaandiburaa f	to influence public coince /or	anaranta labbuuna\		26		N/A		
• • •	o influence public opinion (gra	:		36 37				
37 Total lobbying expenditures t38 Total lobbying expenditures (to influence a legislative body (anact lonnying)		38		•		
9 Other exempt purpose expen	•			39				<u> </u>
Ottol exempt purpose expend				40				
	t Enter the amount from the fo	ollowing table -				·		
If the amount on line 40 is -		nontaxable amount is -			,			,
Not over \$500 000	20% of the amo	unt on line 40	``		•			
Over \$500,000 but not over \$1 000	0000 \$100,000 plus 1	5% of the excess over \$500 000						
Over \$1 000 000 but not over \$1,5	00,000 \$175 000 plus 1	0% of the excess over \$1 000,000	· }	41				
Over \$1,500,000 but not over \$17	000 000 \$225 000 plus 5	% of the excess over \$1 500 000	ŀ			, ;		
Over \$17 000 000	\$1 000 000		J		•			
12 Grassroots nontaxable amou	•			42				
	Enter -0- if line 42 is more tha			43				
14 Subtract line 41 from line 38	Enter -0- if line 41 is more tha	an line 38		44				
- 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ount on either line 43 or line		700					r
 	ļ	Lobbying Expend		g 4-Yea	r Avera			N/A
Calendar year (or iscal year beginning in)	(a) 2002	(b) 2001	(c) 2000)		(d) 1999		(8) Total
45 Lobbying nontaxable amount								0
16 Lobbying ceiling amount			_					
(150% of line 45(e))								0
47 Total lobbying								
expenditures	ļ							0
18 Grassroots nontaxable								
amount	;	· · · · · · · · · · · · · · · · · · ·			_	·····		0
45 Grassroots ceiling amount					/ 			0
(150% of line 48(e)) 5D Grassroots lobbying		····	······································				**********	
expenditures								0
Part VI-B Lobbying	Activity by Nonelectionly by organizations that did n	-		o inetri	ctione \			N/A
During the year did the organizati				_				N/A
ouring the year dio the organizati Influence public opinion on a legis	•	•	icidollig ally	attemb	10	Yes	No	Amount
a Volunteers	TELLIFO THE CENTER OF TOTAL CONTROL OF	nough the ase at						
	clude compensation in expens	ses reported on lines c throug	hh)					,
c Media advertisements								
d Mailings to members, legislate	ors, or the public							
e Publications, or published or	broadcast statements							
1 Grants to other organizations	tor lobbying purposes					<u> </u>		
=	, their staffs, government offic					<u> </u>	<u> </u>	
	inars, conventions, speeches,	lectures or any other means				 		
Total lobbying expenditures (if "Yes" to any of the above a	Add lines c through h) Iso attach a statement giving a	detailed description of the lo	hbying activ	ities		L		0

chodule:		JAMES MADISON O	מש מסית משי	FF SPFFCH 23-7	442564	Page
Part	VII Information Re	garding Transfers To and	d Transactions and	Relationships With Nonchar		· age
		zations (See page 12 of the insti irectly or indirectly engage in any of		organization described in section	<u> </u>	
		section 501(c)(3) organizations) or ii		-		
		ganization to a noncharitable exempt		miour organizations:	Ye	s No
	(I) Cash	gonia de la maria della maria de la maria de la maria della maria	organization or		51a(i)	X
	il) Other assets				a(II)	Х
•	ther transactions					
(i) Sales or exchanges of asse	ts with a noncharitable exempt orga	nization		b(I)	X
(1	ii) Purchases of assets from a	noncharitable exempt organization			b(ii)	X
(ii	II) Rental of facilities, equipme	nt, or other assets			b(iii)	Х
(1	v) Reimbursement arrangeme	nts			b(lv)	<u> </u>
	v) Loans or loan guarantees				b(v)	X
•	•	membership or fundraising solicitat			b(vi)	X
	-	mailing lists, other assets, or paid e			C	X
		· · · · · · · · · · · · · · · · · · ·		lways show the fair market value of the		
-		given by the reporting organization	_	-	N/	' 7 .
		nent, show in column (d) the value of	i the goods, other assets of	· · · · · · · · · · · · · · · · · · ·	147	A
(a) Line no	(b) Amount involved	(c) Name of nonchantable ex	empt organization	(d) Description of transfers, transactions, and	d sharing arrang	ements
	<u></u>				<u>.</u>	
	<u> </u>					
						
			<u> </u>			
						
	 -				<u>-</u>	
-						
<u> </u>		<u> </u>				
		<u> </u>				_
C	the organization directly or inc ode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt orga	anizations described in section 501(c) of the		X No
	(a)		(b)	(c)		
_	Name of org	janization	Type of organization	Description of relation	ship ——————	
	·	· · · · · · · · · · · · · · · · · · ·				
		····			-	

· · · · · · · · · · · · · · · · · · ·		
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FORM 990	SPECIAL EVE	NTS AND ACTI	STATEMENT 1		
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DEFENDER OF FREEDOM AWARDS BANQUET	41,670.		41,670.	40,472.	1,198.
TO FM 990, PART I, LINE 9	41,670.		41,670.	40,472.	1,198.